

STATEMENT OF RECLAMATION ACTION

TO: (SSA completes this section.)

RE: (SSA completes this section.)

Attn. _____

U.S. Social Security Administration
Office of International Operations
P.O. Box 1756
Baltimore, MD 21235-1756, USA

| |
|-----------------------------------|
| Beneficiary's Name |
| U.S. Social Security Claim Number |
| Country |

(To be completed by the Financial Institution)

In response to your request for the return of United States Social Security entitlement(s) erroneously issued to the beneficiary above, the action taken by this institution is as follows:

- [] Requested amount is being/was returned by Direct Credit Transfer on _____.
(Date of Transfer)
- [] Partial return is being/was returned by Direct Credit Transfer on _____.
(Date of Transfer)
- [] Return declined or no action is being taken because: (please check all appropriate reasons)
 - { } Account was closed by the estate.
 - { } Permission was not granted by the estate.
 - { } Permission was not granted by the joint account holder.
 - { } Permission is not in accordance with our country's banking laws.
 - { } The Notice of Reclamation was forwarded to the estate and we have NOT received a reply. Please contact them directly at the address below:

| | |
|---|--|
| Executor of Estate/Joint Account Holder | |
| Address | |
| | |
| Telephone Number | |

Signature of Bank Official: _____

Printed Name of Bank Official/Title

Address

Telephone Number

PAPERWORK REDUCTION ACT STATEMENT

This information meets the requirements of 44 U.S.C. §3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 5 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate above to: SSA, 1338 Annex building, Baltimore, MD 21235-0001. **Only comments relating to our time estimate should be provided, not the completed form.**

See Revised Paperwork Reduction Act Statement

PRIVACY ACT STATEMENT

Section 204 of the Social Security Act, as amended, authorizes us to collect the requested information on this form. The information you provide will be used to assist Social Security Administration (SSA) in reclaiming erroneously issued payments. Your response is voluntary. However, failure to provide the requested information will prevent SSA from collecting payments due to our Agency.

See revised
Privacy Act
Statement below.

We rarely use the information provided for any purpose other than for the reasons stated above. However, we may use the information for the protection and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

- 1) To a congressional office in response to an inquiry made to that office at the request of the subject of a record;
- 2) To third party contacts such as private collection agencies and credit reporting agencies under contract with SSA and other agencies, including the Veteran's Administration, the Armed Forces, the Department of the Treasury, and State motor vehicle agencies, for the purpose of their assisting SSA in recovering program debt;
- 3) To contractors and other Federal agencies as necessary, to assist SSA in the efficient administration of its programs; and,
- 4) To facilitate statistical research, audit or investigate activities necessary to assure that integrity of Social Security programs.

A complete list of routine uses for this information is available in the System of Records Notice 60-0094. The notice, additional information regarding this form, and information regarding our programs and systems, are available on-line at www.socialsecurity.gov or at your local Social Security office.

The following revised PRA Statement will be inserted into the form at its next scheduled reprinting:

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 5 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).** *You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*

Privacy Act Statement

Collection and Use of Personal Information

Section 204 of the Social Security Act (42 U.S.C. § 404), as amended, authorizes us to collect this information. We will use the information you provide to assist us in correcting or adjusting payments.

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information could prevent us from making an accurate decision on payments.

We rarely use the information you supply for any purpose other than the reason stated above. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and,
4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of Social Security programs (e.g., to the Bureau of the Census and private concerns under contract to Social Security).

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

A complete list of routine uses for this information is available in our System of Records Notices entitled, Recovery of Overpayments, Accounting and Reporting /Debt Management System, 60-0094; Master Files of Social Security Number (SSN) Holders and SSN Applications System, 60-0058; and Master Beneficiary Record, 60-0090. These notices, additional information regarding this form, and information regarding our systems and programs, are available on-line at **www.socialsecurity.gov** or at any local Social Security office.